

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534548

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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2	/		/			
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5	6		/			
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TOTAL IND.	2	▼	2	▼		▼
TOTAL DEP.	19	◀	19	▲		◀
TOTAL CLAIMS	21	[REDACTED]	21	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		▼		▼		▼
TOTAL DEP.		◀		▲		◀
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]